

# 2009 MOTOR CARRIER ANNUAL REPORT

Motor Carrier Name: \_\_\_\_\_

## ILLINOIS COMMERCE COMMISSION

**DUE MAY 15, 2010**

### PART 1: ALL FOR-HIRE TRUCKING OPERATIONS

**A: PIECES OF EQUIPMENT:** Enter the number of all for-hire trucks and power units your company owned or leased during the year.

INTRA ONLY	+	INTER ONLY	+	USED IN BOTH INTRA & INTER	=	TOTAL ALL 3
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**B: MILES** - Enter the total of all miles - loaded, empty, leased, owned, intrastate, interstate, household goods and general freight.

Number of miles
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**C: NUMBER OF EMPLOYEES** - Enter the number of FULL and PART TIME employees on your payroll or leased during the year.

NO. OF FULL TIME	NO. OF PART TIME
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**D: TOTAL COMPANY GROSS REVENUE**

\$
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**TOTAL COMPANY GROSS EXPENSES**

\$
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### PART 2: ILLINOIS INTRASTATE HOUSEHOLD GOODS SHIPMENTS - DWELLING TO DWELLING ONLY

**A: GROSS INTRASTATE HHG REVENUE**   **B: NUMBER OF HOURLY RATED MOVE**   **C: NUMBER OF WT DISTANCE RATED MOVES**

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\$		
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**C: Does your company provide storage for household goods:**   ☐ **YES**   ☐ **NO**

### PART 3: OWNERSHIP

**A: List the names, telephone numbers, and percentage of ownership of the company for each stockholder, partner or owner. If you are a corporation, list only the three major stockholders (principals) of the company.**

NAME	PHONE NUMBER	PERCENTAGE OF OWNERSHIP

**B: Enter percentage of outstanding shares not held by the principles.**

% of shares
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**C: Was there a change in ownership or management or control in 2008?**

☐ **YES**   ☐ **NO**

**D: FEIN/SSN Number:**

FEIN: _____
SSN: _____ - _____ - _____

**THE FOLLOWING NAMED OFFICER/OWNER CERTIFIES THAT THIS REPORT IS TRUE, CORRECT AND COMPLETE.**

**PRINT NAME**

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**POSITION**

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**DATE SIGNED**

/ /
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**SIGNATURE**

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**TELEPHONE NUMBER**

( )
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**FAX NUMBER**

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MAIL REPORT TO:

ILLINOIS COMMERCE COMMISSION  
PROCESSING AND INFORMATION  
527 EAST CAPITOL AVENUE  
SPRINGFIELD, ILLINOIS 62701  
PHONE: (217) 782-4702

**Failure to file a properly completed 2009 annual report by May 15, 2010 can result in the revocation of your authority.**

## 2009 ANNUAL REPORT INSTRUCTION SHEET

**This report is due May 15, 2010. Failure to file a properly completed annual report by May 15, 2010 can result in the revocation of your authority. All items on the report must be properly completed or the annual report may be returned subjecting you to revocation of your authority.**

### PART 1: OVERALL FOR-HIRE TRUCKING BUSINESS:

The questions in Part 1 pertain to your overall for-hire trucking business, including household goods, non-household goods, interstate, and intrastate operations.

**A: EQUIPMENT:** Enter the NUMBER OF FOR-HIRE TRUCKS and/or POWER UNITS OWNED OR LEASED (semi power units or self-powered such as box, van, or straight truck) in appropriate box. DO NOT include trailers. INTRA ONLY- used **only** for moves within Illinois; INTER ONLY- used **only** for moves between states; BOTH INTRA & INTER - used for both Illinois and for interstate shipments. TOTAL ALL 3 - the total number of units you owned or leased during the calendar year.

**B: MILES:** Enter the TOTAL NUMBER OF MILES operated for all for-hire trucking. This would include the number of miles operated by owned, leased or rented equipment used in your for-hire trucking business.

**C: EMPLOYEES:** Enter the TOTAL NUMBER OF EMPLOYEES full and part time on your payroll or leased during the year. Include anyone issued a W-2 through you or a payroll leasing company. If you own the business and operate the truck, include yourself as an employee. Do not include independent contractors that receive 1099s.

### D: TOTAL REVENUE AND EXPENSES FOR ALL FOR-HIRE MOTOR CARRIER OPERATIONS:

**TOTAL REVENUE DOLLARS:** Enter the total revenue from all for-hire motor carrier operations: This would include all revenues from any for-hire trucking business including general freight, household goods and non-household goods, both interstate and intrastate.

**TOTAL EXPENSE DOLLARS:** Enter the total expenses from all for-hire motor carrier operations: This would include all expenses from any for-hire trucking business including general freight, household goods and non-household goods, both interstate and intrastate.

### PART 2: ILLINOIS INTRASTATE HOUSEHOLD GOODS ONLY (DWELLING TO DWELLING)

The questions in Part 2 pertain solely to Illinois intrastate household goods moves (dwelling to dwelling). **DO NOT INCLUDE INTERSTATE OR OTHER INFORMATION NOT PERTAINING TO INTRASTATE HOUSEHOLD GOODS.**

**A: TOTAL INTRASTATE REVENUE DOLLARS:** Enter the revenue that was derived from local and intercity ILLINOIS INTRASTATE HOUSEHOLD GOODS MOVES counted in Part 2 Box B and C. Do not include interstate or other non-household goods revenue.

**B: NUMBER OF INTRASTATE HHG SHIPMENTS:** In the first box enter the total number of hourly-rated shipments. In the second box enter the total number of weight distance -rated shipments. Include only the number of Illinois Intrastate household goods shipments, dwelling to dwelling, made during the year. Do not include interstate or non-household goods shipments.

**C: STORAGE:** Check the appropriate box either YES or NO. If your company has storage facilities for household goods and provided storage for household goods during the year check the "YES" box, otherwise check the "NO" box.

### PART 3: OWNERSHIP:

**A: OWNERSHIP INFORMATION:** Enter the names, telephone numbers and percentage of ownership of the company for each stockholder, partner or owner. If you are a corporation, you are requested to list the three major stockholders.

**B: PERCENTAGE OF SHARES OUTSTANDING CORPORATIONS ONLY:** Enter the percentage of outstanding shares that are held by stockholders other than the three major stockholders listed in part A. If none, enter zero.

**C: CHANGES IN OWNERSHIP OR CONTROL:** Check the appropriate box either YES or NO. Check the "YES" box, if there were any changes in ownership, control or management of the company during 2009, otherwise check the "NO" box.

**D: FEIN/SSN NUMBER:** Enter company's Federal Employer Identification Number or owner's Social Security Number.

**The owner or officer completing the annual report form must print their name, sign and date the report including their telephone number and any fax or e-mail address information. The filing of this report attests that the information is true, correct and complete. Incomplete reports will be rejected and/or returned for correction. Failure to file a properly completed annual report by May 15, 2010 can result in revocation of your authority to operate. If you have any questions please call (217) 782-4702.**